

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

HIV Counseling and Testing/
Notification Assistance Program

STATUTORY AUTHORITY:

New Jersey Statute 26:5 C-1 et seq.

GRANT PROGRAM NO. 07-13-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-Reimbursement Grants and
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide HIV counseling and testing and partner notification services at free-standing and alternative counseling and testing sites to include community health centers, hospitals, local health departments, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and other community-based health agencies.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants range from \$30,000 to \$200,000. Awards begin on or about July 1, 2006 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and availability of funds.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Demonstrated ability to provide specialized health care services, and an ability to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

APPLICATION PROCEDURES:

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Director, Care and Treatment Unit
Division of HIV/AIDS Services
P.O. Box 363
Trenton, New Jersey 08625-0363

TELEPHONE: (609) 984-6328

FAX: (609) 292-4244

E-MAIL: carmine.grasso@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified within one month of the beginning of the project period.
